

STATE OF SOUTH CAROLINA
DEPARTMENT OF INSURANCE
1201 Main Street, Suite 1000, Columbia, SC 29201
P.O. Box 100105, Columbia SC 29202-3105

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2007 FEE AND TAX RETURN FOR FRATERNAL ORGANIZATION

COMPANY CODE: _____
NAIC CODE: _____

COMPANY NAME: _____

Schedule 01 – South Carolina Taxes and Obligations (All Insurers)		
LINE NO	DESCRIPTION OF TAXES AND OBLIGATIONS	TAXES AND FEES DUE IN SOUTH CAROLINA
0101	Biennial License Fee	.00
0108	Retaliatory Tax (Foreign Insurers Only) (Schedule 02, Ln 0299)	.00
0199	TOTAL AMOUNT OF TAXES DUE WITH THIS RETURN	.00

Schedule 02 – Computation of Retaliatory Taxes (Foreign Insurers Only)				
Enter SC Taxes & Obligations in Col. A. Enter Taxes & Obligations which State of Domicile requires of SC Insurer in Col. B				
Attach Computations				
LINE NO	DESCRIPTION OF TAXES AND OBLIGATIONS	TAXES DUE IN SOUTH CAROLINA (A)	TAXES DUE IN STATE OF DOMICILE (B)	RETALIATORY TAXES DUE (C)
0201	Biennial License Fee	.00	.00	
0211		.00	.00	
0212		.00	.00	
0213		.00	.00	
0214		.00	.00	
0215		.00	.00	
0298	Total Fees/Taxes/Obligations	.00	.00	
	Enter Total Fees/Taxes/Obligations for State of Domicile (Schedule 02, Ln 0298, Col. B)			.00
	Less Total Fees/Taxes/Obligations Due South Carolina (Schedule 02, Ln 0298, Col. A)			(.00)
0299	Total Retaliatory Taxes Due South Carolina (if remainder is positive enter on Schedule 01, Ln 0108; otherwise enter \$0.00)			.00

State of _____ County of _____

We, the undersigned officer of the insurer and person preparing this form for the above named company, being severally sworn each for himself deposes and says that this return, including any accompanying schedules and statements has been examined by him, and is to the best of his knowledge, information and belief, a true and correct return, made in good faith and complete in all applicable parts, for the taxable year stated, pursuant to the laws of the State of South Carolina.

Sworn and subscribed before me this _____ day of _____ 20 _____.

Notary Public: Affix Seal

Officer of the Insurer

Person Preparing Fee & Tax Return

Email Address

Email Address

Date Commission Expires

Title

(Area Code) Telephone Number and Ext.

COMPANY CODE: _____
 NAIC CODE: _____

COMPANY NAME: _____

Schedule 03 – Biennial License Fee	
Enter Total Fraternal Organization membership in the State of South Carolina	
Biennial License Fee for less than 200 members is \$100.00	
Biennial License Fee for 200 or more is \$1,000.00	
Enter Biennial License Fee on Schedule 01, Line 0101	.00
The above named insurer is authorized for the following Lines of Authority:	

Schedule 04 – Exhibit of Premiums and Dividends (To Nearest Dollar)				
Attach Copy of S.C. Business Page and Schedule T				
LINE NO	LINES OF BUSINESS	DIRECT PREMIUMS WRITTEN (A)	DIVIDENDS PAID (B)	NET PREMIUMS Col A – B = C (C)
01.01	Life	.00	.00	.00
02.00	Annuities	.00	.00	.00
13.00	Accident & Health – (Except Ln 15.70)	.00	.00	.00
15.70	Federal Employees Health Benefits Program	.00	.00	.00
99.99	TOTAL SOUTH CAROLINA BUSINESS	.00	.00	.00